

Written Notice

Section I

Employee's Name _____ Agency _____

Offense Date(s) _____ Issuance Date _____ Inactive Date* _____

Issued by: _____
Print name Title Signature

*Inactive date is the issuance date:

- plus 2 years for a Group I,
- plus 3 years for Group II, or
- plus 4 years for Group III

Section II - Offense

Type of Offense: (Check one) Group I _____ Group II _____ Group III _____

Nature of Offense and Evidence: Briefly describe the offense and give an explanation of the evidence. (Additional documentation may be attached.)

Documentation attached? Yes _____, #of pages _____; No _____

Section III – Disciplinary action taken in addition to issuing written notice

☐ Suspension from _____ through _____ Return to Work _____
Date Date Date/Time

Transfer or demotion (check below as appropriate)

☐ Reduced Duties with _____% disciplinary pay reduction*** effective _____
Date

****Note:** FLSA exempt employees may be suspended in whole workweeks only.

☐ Role Change to lower pay band with _____% disciplinary pay reduction*** effective _____
Date

*****Note:** Minimum salary reduction of 5% is required. Also requires HR approval

New Role Title _____ New Position # _____ New Location _____

☐ Termination _____
Effective Date

Section IV – Circumstances considered

Describe any circumstances or background information used to mitigate (reduce) or to support the offense described above.

(Additional documentation may be attached.) Documentation attached? Yes _____, #of pages _____; No _____

Section V - Notice to employee

It is expected that the situation described above will be corrected immediately. In the event it is not corrected, or another offense occurs, you may be subject to further disciplinary action as outlined in the Standards of Conduct Policy. **If you wish to appeal this corrective action, you may do so under the provisions of the Employee Grievance Procedure within 30 calendar days of your receipt of this Written Notice.** For more information about the Employee Grievance Procedure, contact your Human Resource Officer or the Department of Employment Dispute Resolution (DEDR) at (804) 786-7994, toll-free at 1-888-23-ADVICE (1-888-232-3842), or e-mail at www.edr.state.va.us.

Section VI – Employee's signature

Employee Signature _____ Date _____

Your signature only acknowledges receipt of the notice and notes the date of receipt. Your signature does not imply agreement or disagreement with the notice itself. If you refuse to sign, someone in a supervisory position within the agency will be asked to initial the form indicating that you received a copy of the form and when.

☐ Employee refused to sign/unavailable to sign Witness Initials _____ Date _____